



APPLICATION FOR LICENSE TO OPERATE A PRIVATE SECURE FACILITY

State Form 45159 (R2 / 8-05) / CW 0051

DEPARTMENT OF CHILD SERVICES
402 West Washington Street, Room W392, MS03
Indianapolis, IN 46204

- Instructions: 1. Complete the original and two (2) copies and keep one (1) copy.
2. Send the original and one (1) copy to the Department of Child Services.
3. Applicant's initials (Section VII) must be by hand.
4. Forward completed application to address upper right corner of this form.

THIS APPLICATION IS REQUIRED IN ACCORDANCE WITH 470 IAC 3-13: PRIVATE SECURE FACILITIES

"AN INSTITUTION SHALL MEET ALL OF THE FOLLOWING CONDITIONS PRIOR TO BEING LICENSED AS A PRIVATE SECURE FACILITY: (1) THE INSTITUTION SHALL HAVE BEEN LICENSED FOR FIVE (5) CONSECUTIVE YEARS AS AN INSTITUTION AND SHALL HAVE PROVIDED A CONTINUUM OF CARE OR A FULL PROGRAM OF LONG TERM RESIDENTIAL TREATMENT DURING THIS SAME FIVE (5) YEAR PERIOD. (2) INSTITUTIONS WHOSE PRIMARY PLACEMENT PROGRAM AND CARE PLAN IS SHORT TERM, TWENTY-FOUR (24) HOUR TEMPORARY CARE FOR NOT MORE THAN SIXTY (60) CONSECUTIVE DAYS TO AN INDIVIDUAL CHILD DO NOT QUALIFY AS MEETING THE REQUIREMENTS OF PROVIDING A CONTINUUM OF CARE OR A FULL PROGRAM OF LONG TERM RESIDENTIAL TREATMENT." [470 IAC 3-13-33(b)]

SECTION I

Complete or correct the following Private Secure Facility and parent agency information.

1a. Name of Private Secure Facility	1b. Facility telephone number ()	1c. Location address of this facility	1d. City, State, and ZIP of facility
2a. Name of Parent Agency	2b. Parent Agency telephone number ()	2c. Location address of Parent Agency	2d. City, State, and ZIP of Parent Agency
3a. Private or Public Auspices	4a. Mailing Address of Parent Agency	4b. City, State, ZIP of Mailing Address	5. FSSA Assigned License Number
3b. Not-for-Profit or Profit Agency			

SECTION II

Complete the following information regarding the children for whom license is requested.

6a. Number of children in care	6b. Age of children in care	6c. Gender of children in care
7a. Per Diem charged for care: Low Rate ENCLOSE ATTACHMENT G \$	7b. Per Diem charged for care: High Rate ENCLOSE ATTACHMENT G \$	

SECTION III

Complete the following information regarding the President of the governing body of the parent agency and attach a list of all members of the governing body, giving name, full address, occupation and telephone number (*Attachment C*).

8a. Name of President of governing body	8b. Full address	8c. Occupation	8d. Telephone number ()
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SECTION IV

Complete the following information regarding the administrator of the Private Secure Facility and attach a complete list of all facility staff members, giving name, position, and date of employment (*Attachment D*).

9a. Name of Administrator	9b. Official title or position	9c. Date of employment (<i>month, day, year</i>)
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(OVER)

SECTION V

ATTACHMENTS: All required attachments listed herein must be submitted with the application as designated under 470 IAC 3-13.

- A. Criminal history affidavit. Required with initial application and annual application for person signing application. Use State Form provided.
- B. Financial resources, financial audit or review. Required with initial application and annual application.
- C. List of members of governing body, including name, address, occupation, and telephone number. Required with initial application and annual application.
- D. List of facility staff members, including name, position, date of employment, and assigned facility. Required with initial application and annual application.
- E. List of contractual positions, including name, position, and date(s) of contract. Required with initial application and annual application.
- F. List of vacant positions in agency. Required with initial application and annual application.
- G. Statement of fees charged (*per diem*) and identification of services included in per diem. Required with initial application and annual application.
- H. Plan of operation. Required with initial application, or if revised since last application.
- I. Incorporation papers, if parent agency is incorporated. Required with initial application, or upon incorporation.
- J. Personnel policies. Required with initial application; required if revised since last application.
- K. Policies on admission criteria and admission application. Required with initial application, or if revised since last application.
- L. Policies on categories of children accepted and not accepted for care. Required with initial application, or if revised since last application.
- M. Policies and description of care provided. Required with initial application, or if revised since last application.
- N. Policies on release or discharge of children. Required with initial application, or if revised since last application.
- O. Religion practices and policies. Required with initial application, or if revised since last application.
- P. Policies on visiting and correspondence. Required with initial application, or if revised since last application.
- Q. Statement of area served by the institution or group home. Required with initial application and annual application.
- R. Child caring institutions only. Policies on use of mechanical restraints and/or confinement room if either is used. Required with initial application, or if revised since last application.

SECTION VI

Statement of certification

I certify that all statements made in this application and any attachments thereto are correct to the best of my knowledge. I further certify that no person, on the grounds of race, religion, color or national origin, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which this institution receives public financial assistance directly or indirectly, including assistance administered by any local DCS office through the payment of per diem.

SECTION VII

Application must be signed by the president of the governing body, the administrator, or other person designated by the governing body board to apply for this license.

Signature of applicant in full (*signature must be by hand*)

Typed name of applicant

Official title

Date (*month, day, year*)